

Karen B. Tripp
Attorney-at-Law
P.O. Box 1301
Houston, Texas 77251-1301

(713) 658-9323 - Telephone
(713) 658-9410 - Facsimile

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MAR 25 2005

FAX

DATE: 3/25/05 Our Ref.: 10/781,389
CHALB:001D1

TO: Examiner PHILIP C. TUCKER

CO.: Art Unit 1712, USPTO

FAX #: 703 872 9306 PHONE #: _____

FROM: Karen Tripp

RE: _____

NUMBER OF PAGES: 40 (including coversheet)

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10781,389	
	Filing Date	February 18, 2004	
	First Named Inventor	Eric Davidson	
	Art Unit	1712	
	Examiner Name	TUCKER, PHILIP C.	
Total Number of Pages in This Submission	39	Attorney Docket Number	HALB:001D1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Transmission
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Karen B. Tripp, Attorney at Law		
Signature	<i>Karen B. Tripp</i>		
Printed name	Karen B. Tripp		
Date	March 25, 2005	Reg. No.	30,452

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Typed or printed name	Karen B. Tripp	Date	March 25, 2005

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,200.00

Complete if Known

Application Number	10/781,389
Filing Date	February 18, 2004
First Named Inventor	Eric Davidson
Examiner Name	TUCKER, PHILIP C.
Art Unit	1712
Attorney Docket No.	HALB:001D1

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 50-0807 Deposit Account Name: Karen B. Tripp, Attorney
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues) _____

Each independent claim over 3 (including Reissues) _____

Multiple dependent claims _____

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
300	180

Total Claims _____ Extra Claims _____ Fee (\$) _____ Fee Paid (\$) _____

HP = highest number of total claims paid for, if greater than 20. _____

Indep. Claims _____ Extra Claims _____ Fee (\$) _____ Fee Paid (\$) _____

HP = highest number of independent claims paid for, if greater than 3. _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ Extra Sheets _____ Number of each additional 50 or fraction thereof _____ Fee (\$) _____ Fee Paid (\$) _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) _____

Other (e.g., late filing surcharge): \$1,020-3 mos. Extension of Time; \$180-Information Disc. Statement _____

Fees Paid (\$)

\$1,200

SUBMITTED BY

Signature	<u>Karen B. Tripp</u>	Registration No. (Attorney/Agent)	30,452	Telephone	713 658 9323
Name (Print/Type)	Karen B. Tripp			Date	March 25, 2005

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PTO/SB/97 (08-03)

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